

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bettom of all pages of the document.

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To:			
Civision of Corp	orations (850)617-6383		
	(656)017-0383		
From: Account Name :	CARVER DARDEN		
Account Number :			
	(850)266-2300 (850)266-2301		
· · · · · · · · · · · · · · · · · · ·	(020)200 2501		
**Enter the email ad	dress for this business	entity to be used for fu	rture
annual report #	mailings. Enter only one	email address please.**	
Email Address:	rushing@car	verdarden.com	
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TO: Registration So Division of Cor		·		egyke e.
ENTERTA SUBJECT:	INER FISHING CHARTERS			
	Name of Lin	nited Liability Company		-
The enclosed Articles of	Amendment and fee(s) are suit	omitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	ROBERT S. RUSHING			
		Name of Person		_
	CARVER DARDEN			
		Firm/Company		
	ISI WEST MAIN STREE	ET, SUITE 200		
		Address		
	PENSACOLA, FL 32502			
		City/State and Zip Code		
	RUSHENG@CARVERDA	RDEN.COM		
	E-mail address: (to be used for future annual report not:	fication)	_
For further information of	oncerning this matter, please c	all:		
ROBERT S. RUSHING		850 266-2303		
Name of	Person	Area Code Daytim	e Telephone Numi	ber
Enclosed is a check for th	c following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy aal copy is enclosed

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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(((H220003167973))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTERTAINER FISHING CHARTERS LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>s.)</u>
The Articles of Organization for this Limited Liability Compa	ny were filed on 04/05/2022	and assigned
Florida document number L22000141377		· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
P. M. W. M. Alexandra and A. M.		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registered
		3556 ALI
Name of New Registered Agent:	<u></u>	SE SE
New Registered Office Address:		SSE Z PA
	Enter Florida street address	
	, Flor	Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt;	्रीस ६

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000316797 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TINA DOVE	19600 BIRD HOG ROAD	≅ Add
		ROBERTSDALE, AL 36567	☐ Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
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			□Change
	·		□Add
			□Remove
			□Change
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			□Remove
			□ Change

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D. If amending any other information, enter change(s) here: (Attach	. , ,
	·
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fil	(optional)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0 record is filed.	l a.m. on the earlier of: (b) The 90th day after the
Dated September 13, 2022.	
Signature of a member of authorized copres	entative of a member
·	
ROBERT S. RUSHING / Attorney	

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Typed or printed name of signoc

Filing Fee: \$25.00